



MASENO UNIVERSITY

OFFICE OF THE SOMU VICE CHAIRPERSON

SOMU BURSARY APPLICATION FORM

PERSONAL INFORMATION:

NAME: _____ ADMISSION NO. _____
CELL PHONE NO: _____ EMAIL ADDRESS: _____
YEAR OF STUDY: _____ COUNTY: _____
DEGREE PROGRAMME: _____ DEPT. _____
CONSTITUENCY: _____
GOVERNMENT SPONSORED: _____ SELF SPONSORED _____ (tick appropriately)

FAMILY STATUS: (tick where applicable and attach relevant documents)

- 1: TOTAL ORPHAN: _____
- 2: PARTIAL ORPHAN: _____
- 2: DISABLED: _____
- 3: SINGLE PARENT: _____
- 4: UNEMPLOYED PARENTS: _____
- 5: OTHERS (Specify): _____

DETAILS OF LOANS AND BURSARIES: (indicate clearly, type and amount)

- 1: LOAN _____ AWARDING ORG. _____ (KSHS) _____
- 2: HELB BENEICIARY: (YES) _____ (NO) _____ AMOUNT: _____
- 3: BURSARIES _____ AWARDING ORG. _____ (KSHS) _____
- 3: OTHERS (Specify) _____

ACADEMIC PROGRESS

Previous academic year average grade _____
(Attach certified result slip by Dean of school)

FOR OFFICIAL USE ONLY

a) DEPUTY DIRECTOR STUDENTS AFFAIRS OFFICE

Receiving officer

Name _____ Signature _____ Date _____

b) FINANCE DEPARTMENT

Fees balance _____

Does the applicant have any sponsorship (tick appropriately) Yes _____ No _____

Name of officer _____

Signature _____

Date _____

c) PANEL RECOMMENDATION (tick appropriately)

Approved for award _____

Not approved for award _____

Reason _____

Amount Awarded _____

Signature _____

Date _____

Stamp _____

NOTE: - Incomplete form will not be processed
- False information will lead to disqualification and a disciplinary action